GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:186
ANSWERED ON:28.11.2007
TB CONTROL
Malhotra Prof. Vijay Kumar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) TB-related Millenium Development Goals;

(b) the impact of the `new Stop TB Strategy` taken up for implementation in 2006;

(c) the mechanism available to test the quality of anti TB medicines being supplied to the patients; and

(d) the total number of patients who have not completed their full treatment in 2006 and the special efforts made on this front as these persons constitute the potential to spread the disease further?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 186 FOR 28TH NOVEMBER, 2007

The Millennium Development Goal related to Tuberculosis control is to halt and begin to reverse the incidence of TB by 2015. The indicators are as follows:

Indicator 23: between 1990 and 2015 to halve prevalence of TB disease and deaths due to TB
Indicator 24: to detect 70% of new infectious cases and to successfully treat 85% of detected sputum positive patients

The WHO recommended TB Control strategy, better known as DOTS, is being implemented in the entire country. The WHO recommended `New STOP TB Strategy` launched in 2006, in addition to pursuing quality DOTS, seeks to place further emphasis on the steps to be taken to address drug resistant TB, TB-HIV coordination issues and involvement of other sectors in the programme. The RNTCP is already addressing these issues. The country has been consistently achieving the target of 85% treatment success of new sputum positive patients put on treatment for the past several years. It is also detecting 70% of the new estimated infectious cases. It is estimated that the deaths due to TB have declined to less than 5%. The number of deaths has been brought down from 5 lakh annually in 1990 to 3,70,000 currently. Recent studies conducted by Tuberculosis Research Centre, Chennai, suggest that there has been a 12% annual decline in the prevalence of TB. Therefore, there has been a substantial reduction in the deaths due to TB and prevalence of TB disease which suggests that the programme is likely to achieve the aforesaid targets.

Anti-TB drugs are procured through International Competitive Bidding mechanism. All batches of drugs are inspected prior to dispatch at the premises of the suppliers. Random samples are selected by central and state level drug inspectors from the medical store depots for testing. RNTCP has contracted an independent laboratory approved by regulatory authority, through which the quality of RNTCP drugs is monitored. In addition, Central and State Drug Inspectors also pick samples randomly on receipt of specific complaints.

Approximately 6.5% of the 14 lakh cases put on treatment, have defaulted in 2006. Although a certain percentage of TB patients is always likely to default, the programme recognizes this challenge and is taking adequate steps to reduce the same. Due stress is laid on address verification prior to commencement of treatment for all cases of TB. TB patients and their family members are counseled on all aspects of treatment and follow-up. The programme has involved NGOs, Self Help groups, panchayats and other community leaders for reducing default and strengthening default retrieval. To address the issue of migration which is a leading cause of default, strategies like referral and feed back along with strengthened supervision and monitoring are being implemented at the district and state level. The programme is committed to provide patient friendly DOT services and improve access by providing flexi- time DOT.